IPDR6702				NORTH CAROLINA		p	AGE: 1	
	02/18/2008		IP	RS CHECKWRITE SUMMARY REPORT			1	
				CHECKWRITE DATE: 02/19/2008				
				FINANCIAL PAYER: NCDMH				
					1		TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8536	3352	ATTENDING PROVIDER TYPE AND SP				
	H/DD/SAS			ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
				VILLED TOX GODWITTED BILLING IX				
		8534	439	SERVICE FACILITY LOCATION IS N	10	5022	5157	135
				OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED				
				TROVIDUR, OR THE REL GODMETTED				
		8599	338	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN	8505	297	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		8800	135	FURTHER PROCESSING NECESSARY,	0	662	11243	10581
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	+			
					+		1	
		8534	62	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING PROVIDER, OR THE NPI SUBMITTED	+			
					+			
3404910	PATHWAYS	8505	168	CLAIM DENIED DUE TO INSUFFICIE				
		+		NT BUDGET	+			
		8800	62	FURTHER PROCESSING NECESSARY,	0	346	3514	3168
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		11	52	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404912	CATAWBA COUNTYM	11	236	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		8326	196	ATTENDING PROVIDER NUMBER WAS	0	572	4294	3722
				NOT SUBMITTED ON THIS CLAIM OR THE NPI SUBMITTE				
		8505	79	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404913	MECKLENBURG COM	8326	2337	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
	ENTAL HEALT			THIS CLAIM OR THE NPI SUBMITTE				
		8505	2097	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	5316	5349	33
				NI BUDGEI				
		8800	639	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	1		1	
		+		FUTURE RA'S.	+		<u> </u>	
24040		0.505	0300	AND THE PROPERTY OF THE PROPER				
3404916	CROSSROADS BEHA VIORAL HEAL	8505	2309	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	+			
	VIORALI IIIALI			-	+			1
		0524	250	OPPULATE PRATITION LOGRANGE TO W				
		8534	258	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING	0	2845	2949	104
				PROVIDER, OR THE NPI SUBMITTED				
		2411	220	DROUTDED MYDE AND ODERSYS OF				
		3411	220	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED	+		-	
				BENEFIT SERVICES ON OR AFTER D				
3404917		9505	262	OLYM PENTED PIE DO THOUSENESS	1		<u> </u>	
3404917	CENTERPOINT HUM AN SERVICES	8505	363	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	+		-	-
					1		1	
		0500	0.6	DEMALT NOW GOVERNED BY GOVERNMEN				
		8599	86	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	O	623	3543	2920
				BENEFIT PACKAGE.				
			1		1	1	1	
	_	9900	0.5	DIDTUPD DDOCECTED MEGROCARY			-	
		8800	85	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				

	1		1	T				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN	8505	2078	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8508	243	CLAIM DENIED NO BUDGET FOUND		0540	0747	
					0	2648	2747	99
		8800	119	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404920	AT AMANGE OF COURT	79	79	THIS SERVICE IS NOT PAYABLE TO				
3101320	ALAMANCE CASWEL L AREA MH D	,,,		YOUR SUBMITTED BILLING				
	D AKEA MII D			PROVIDER TYPE AND SPECIALTY IN				
		11	33	CLIENT NOT ELIGIBLE ON SERVICE	1	191	5112	4921
				DATE				
		5404	30	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
			1					
3404921	ORANGE PERSON C	21	1693	DUPLICATE OF CLAIM-SYSTEM				
	HATHAM AREA							
								
	1	8505	1439	CLAIM DENIED DUE TO INSUFFICIE			22	
		0303	2737	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	4176	6099	1923
	+		 	·		 		-
	1							
		8329	609	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
2404000		0505	100	OLYMAN BRANTER BUR MO THOUSENESS				
3404922	THE DURHAM CENT	8505	107	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ER			W1 202021				
		0	0		0	107	107	0
3404923	FIVE COUNTY MH	8505	1726	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8508	906	CLAIM DENIED NO BUDGET FOUND	0	3086	3186	100
						3000	3100	100
		8800	403	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
				FUTURE RA'S.				
3404925	SANDHILLS CENTE	8505	7102	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8508	1706	CLAIM DENIED NO BUDGET FOUND	2	9822	9906	84
			-			 		-
	+	8800	588	FURTHER PROCESSING NECESSARY,		 		-
	1			PLEASE CHECK FOR CLAIM ON				
	1	<u> </u>	1	FUTURE RA'S.		t e	-	
3404926	SOUTHEASTERN RE	23	156	SERVICE REQUIRES PRIOR APPROVA				
	G MENTAL HL			L		<u> </u>		
	1		1			 		
	-	8599	79	DETAIL NOT COVERED BY COMBINAT	5	369	2177	1808
	1	1	<u> </u>	ION OF RECIPIENT, PROVIDER AND	5	369	21/7	1808
	1	<u> </u>	1	BENEFIT PACKAGE.		t e	-	
		8800	40	FURTHER PROCESSING NECESSARY,				
			ļ	PLEASE CHECK FOR CLAIM ON		<u> </u>		
			-	FUTURE RA'S.		 		
	CTIMEDED AND GO "	11	78	CLIENT NOT ELIGIBLE ON SERVICE		-		
3404927	CUMBERLAND CO M		-	DATE		 		
3404927		1	1					
3404927	HC							t
3404927								
3404927		8599	27	DETAIL NOT COVERED BY COMBINAT	0	123	813	690
3404927		8599	27	ION OF RECIPIENT, PROVIDER AND	0	123	813	690
3404927		8599	27		0	123	813	690
3404927				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	123	813	690
3404927		8599 8664	27	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE DENIED, LIMITATION HAS	0	123	813	690
3404927				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	123	813	690

	1	1	T	1	1		Г	
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME		-		DENTALO	DENTALS	FINALIZED	FAID
3404930	JOHNSTON COUNTY	5404	1	SEVERE DUPLICATE: SAME ATTD PR				
	MNTL HLTHC			OV/PCODE/TOS/DOS/MOD				
		191	1	CLIENT ID NUMBER DOES NOT MATC	0	2	234	232
				H PATIENT NAME				
2404021		0505	1199	OLANA DENIADE DATE DO INCUESTOS				
3404931	WAKE CO HUM SVC	8505	1199	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	BILLING OF			NI BODGEI				
		8800	957	FURTHER PROCESSING NECESSARY,	84	3048	12741	9693
				PLEASE CHECK FOR CLAIM ON	01	3010	12/41	9093
				FUTURE RA'S.				
		8599	192	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT	8505	11113	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		9900	442	PHIDTUPD DECORROR MECEGGARY				
		8800	442	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	12146	15472	3326
		1						-
		1		FUTURE RA'S.				-
		8599	386	DETAIL NOT COVERED BY COMBINAT				-
		0333	200	ION OF RECIPIENT, PROVIDER AND				
		-		BENEFIT PACKAGE.				
		-						
3404934	ONOT ON GARDENSE	8505	175	CLAIM DENIED DUE TO INSUFFICIE				
	ONSLOW CARTERET BEHAV HEAL		-	NT BUDGET				
	SORRY REAL			-				
		8599	162	DETAIL NOT COVERED BY COMBINAT	0	699	1818	1119
				ION OF RECIPIENT, PROVIDER AND		033	1010	1117
				BENEFIT PACKAGE.				
		8800	115	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	0	0
2404927		8599	4	DETAIL NOT COMPERED BY COMPINAT				
3404937	THE BEACON CENT	0.555	*	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	ER	1		BENEFIT PACKAGE.				1
	1	+	1					
		8000	4	NO RATE AVAILABLE ON FILE TO P	_	8	941	933
				RICE THIS CLAIM DETAIL	U	8	941	233
	1							
	1							
3404939	EAST CAROLINA B	8505	4783	CLAIM DENIED DUE TO INSUFFICIE				
	EHAVIORAL H			NT BUDGET				
		8800	256	FURTHER PROCESSING NECESSARY,	0	5277	5391	114
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		7001	116	EXCEEDS THE ONE PER DAY LIMITA				
				TION				
24042				VO DATE TO DE				
3404941	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				igwdown
	EHAVIORAL H							<u> </u>
		0	0					
		U	0		0	0	0	0
2404042		0	0	*** NO DAMA MO DEDODE ***				
3404942	EAST CAROLINA B	U	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H	-						
		-						
		0	0					
		0	0		0	0	0	0
		-						
		-						
DROUTDED		HICH DENTAT	NIIMDED OF				TOTAL	TOTAL
PROVIDER	1	HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS

NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	3411	86	PROVIDER TYPE AND SPECIALTY 07				
	L HEALTH CE			4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		8599	26	DETAIL NOT COVERED BY COMBINAT	8	181	3698	3517
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	18	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404944	EASTPOINTE HUMA	8000	60	NO RATE AVAILABLE ON FILE TO P				
	N SERVICES			RICE THIS CLAIM DETAIL				
		8599	30	DETAIL NOT COVERED BY COMBINAT	(123	2002	1879
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	27	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM	8505	966	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8508	17	CLAIM DENIED NO BUDGET FOUND	(1012	2386	1374
		8654	8	ONLY 16 UNITS ALLOWED PER DAY				
			1	WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				